



Requester Contact Information

Your Name: _____ Date of Request: _____
Your Title: _____
Your Organization's Name: _____
Your Address: _____

City: _____ State: _____ Zip: _____
Telephone: _____ Alternate telephone #: _____
FAX/E-mail Address: _____

Documents Requested:

Processing of a FOIA request:

WHBHD is required to provide copies "promptly" upon receiving your written request. The amount of time needed may depend upon a number of factors such as the volume of material to be copied and the availability of staff who perform various tasks with competing deadlines. Should we be required to deny any portion of your request, we must do so within four business days.

Fees:

WHBHD charges .50 cents per single-sided page for paper copies of records. The fee for certifying copies is an additional .50 cents per page. Some computer-stored records may be available in electronic form and the fee for such copies is dependent upon the time taken to generate them together with the cost of the medium upon which they are stored. We are entitled to require prepayment of fees of ten dollars or more.

For Office Use Only

Action Taken: _____ **Date:** _____

Number of Copies: _____ **Payment:** _____

Approved By: _____ **Date:** _____

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